

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
APPLICATION FOR ADVISORY BODY APPOINTMENT

ADVISORY BODY: _____

APPLICANT COMPLETES

Name: _____ Telephone: _____ (Home) _____ (Work) _____
Home Address: _____ Business Address: _____
Street _____ Street _____
City _____ Zip _____ City _____ Zip _____

State Legislative District: _____ Congressional District: _____

Voluntary Information (to maintain broad representation):

Race _____ Sex _____ Date of Birth _____

Education (High School, College location, year graduated, degree): _____

Present occupation and employer: _____

Previous employment experience: _____

Membership in Professional/Community Organizations (list offices held): _____

Special Interests:

A. What is your particular interest in this advisory body? _____

B. Is there any factor which would cause a potential conflict of interest with your responsibilities as a DSHS advisory committee member?

Signature _____ (date) _____

Please attach resume if available.

RETURN TO ADVISORY BODY STAFF LISTED ON REVERSE

ADVISORY BODY STAFF PERSON COMPLETES

Staff Person's Name: _____ Phone: _____

Staff Person's Address: _____

How was this nominee brought to your attention (e.g., recommended by professional associate)? _____

What does this person contribute to this committee (skills, strengths, interests)?

Recommendations regarding appointment, based upon analysis of composition of the advisory body and what the proposed applicant would bring to the group: _____

Signature _____ (date) _____
